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=> d his ful

     FILE 'REGISTRY' ENTERED AT 11:39:16 ON 18 MAR 2005
L15             1 SEA ABB=ON  DROSPIRENONE/CN
L16             2 SEA ABB=ON  (ESTROGEN SULFAURATE OR ESTRADIOL OR ESTRADIOL
                  VALERATE)/CN
                  E ESTROGEN SULFAURATE/CN
                  E ESTROGEN SULFAMATE/CN

     FILE 'HCAPLUS' ENTERED AT 11:40:31 ON 18 MAR 2005
L17           874 SEA ABB=ON  ?MENSTR? AND (?DYSPHOR? OR ?EMOTION? OR ?DEPRESS?
                  OR ?ANXIET?)
L18          2302 SEA ABB=ON  L15 OR ?DROSPIRENONE? OR ?GESTAGEN?
L19         79421 SEA ABB=ON  L16 OR ?ESTROGEN?(W)?SULFAMATE? OR ?ESTRADIOL? OR
                  ?ESTRADIOL?(W)?VALERATE?
L20             9 SEA ABB=ON  L17 AND L18 AND L19   9 cits from CAPlus

     FILE 'MEDLINE, BIOSIS, EMBASE, JAPIO, JICST-EPLUS' ENTERED AT 11:44:40 ON
     18 MAR 2005
L21           123 SEA ABB=ON  L20
L22           114 DUP REMOV L21 (9 DUPLICATES REMOVED)
L23            28 SEA ABB=ON  L22 AND ?DROSPIRENON?   28 cits from other
                                                      db's
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Inventor Search

=> d ibib abs ind l13 4-4

L13 ANSWER 4 OF 4 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1998:430231 HCAPLUS
DOCUMENT NUMBER: 129:77031
TITLE: Therapeutic gestagens for premenstrual dysphoric disorder
INVENTOR(S): **Nashed, Norman**
PATENT ASSIGNEE(S): Schering A.-G., Germany
SOURCE: Ger. Offen., 4 pp.
CODEN: GWXXBX
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 19654609	A1	19980625	DE 1996-19654609	19961220
WO 9827929	A2	19980702	WO 1997-DE3032	19971222
WO 9827929	A3	19981105		
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DK, EE, ES, FI, GB, GE, GH, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
AU 9859810	A1	19980717	AU 1998-59810	19971222
PRIORITY APPLN. INFO.:			DE 1996-19654609 A	19961220
			WO 1997-DE3032 W	19971222

AB Gestagens such as drospirenone, cyproterone acetate, and dienogest (optionally in combination with natural or synthetic estrogens such as estradiol or ethynylestradiol) are useful in preparation of medications for treatment of premenstrual dysphoric disorder, possibly owing to their antiandrogenic action. Thus, women with premenstrual dysphoric disorder, treated daily with 3 mg drospirenone and 30 μg ethynylestradiol orally on days 1-21 of the menstrual cycle for 4-6 cycles, showed a lessening of symptoms related to mood, appetite, sleep, etc.

IC ICM A61K031-57
ICS A61K031-565
CC 2-4 (Mammalian Hormones)
ST premenstrual dysphoria treatment gestagen
IT Ovarian cycle
(premenstrual syndrome; therapeutic gestagens for premenstrual dysphoric disorder)
IT Estrogens
Progestogens
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(therapeutic gestagens for premenstrual dysphoric disorder)
IT 50-28-2, Estradiol, biological studies 50-28-2D, Estradiol, esters 57-63-6, Ethynylestradiol 427-51-0, Cyproterone acetate 979-32-8, Estradiol valerate 65928-58-7, Dienogest 67392-87-4, Drospirenone
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(therapeutic gestagens for premenstrual dysphoric disorder)

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=> d que stat l20
L15           1 SEA FILE=REGISTRY ABB=ON  DROSPIRENONE/CN
L16           2 SEA FILE=REGISTRY ABB=ON  (ESTROGEN SULFAURATE OR ESTRADIOL OR
                ESTRADIOL VALERATE)/CN
L17         874 SEA FILE=HCAPLUS ABB=ON  ?MENSTR? AND (?DYSPHOR? OR ?EMOTION?
                OR ?DEPRESS? OR ?ANXIET?)
L18        2302 SEA FILE=HCAPLUS ABB=ON  L15 OR ?DROSPIRENONE? OR ?GESTAGEN?
L19       79421 SEA FILE=HCAPLUS ABB=ON  L16 OR ?ESTROGEN?(W)?SULFAMATE? OR
                ?ESTRADIOL? OR ?ESTRADIOL?(W)?VALERATE?
L20           9 SEA FILE=HCAPLUS ABB=ON  L17 AND L18 AND L19

=> d ibib abs l20 1-9

L20  ANSWER 1 OF 9  HCAPLUS  COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER:        2005:214842  HCAPLUS
TITLE:                   Psychological effect of the oral contraceptive
                         formulation containing 3 mg of drospirenone
                         plus 30 μg of ethinyl  estradiol
AUTHOR(S):               Paoletti, Anna Maria; Lello, Stefano; Fratta,
                         Stefania; Orru, Marisa; Ranuzzi, Francesca; Sogliano,
                         Cristiana; Concas, Alessandra; Biggio, Giovanni;
                         Melis, Gian Benedetto
CORPORATE SOURCE:        Department of Obstetrics and Gynecology, University of
                         Cagliari, Cagliari, Italy
SOURCE:                  Fertility and Sterility (2004), 81(3), 645-651
                         CODEN: FESTAS; ISSN: 0015-0282
PUBLISHER:               Elsevier
DOCUMENT TYPE:           Journal
LANGUAGE:                English
AB   Objective: To investigate in healthy eumenorrheic young women whether an
     oral contraceptive (OC) containing drospirenone (DRSP) (3 mg) +
     ethinyl estradiol (EE) (30 μg) (DRSP + EE) could modify
     psychol. symptoms and whether it could modify steroids interfering with
     the γ-aminobutyric acid (GABA)-A receptors.  Design: Clin. study of
     treated subjects and nontreated controls.  Setting: Healthy volunteers in
     the Department of Obstetrics and Gynecol. at Cagliari University.
     Patient(s): Control group (n = 12) and OC group (n = 10) women with
     similar age, body mass index, and main outcome measures.  Intervention(s):
     The control group was studied during the first menstrual cycle
     at the follicular phase (FP) and at the luteal phase (LP) and during the
     third cycle at the LP; the OC group was studied during the first cycle, as
     described above, and on day 16-18 of the third cycle of treatment with
     DRSP + EE.  Main Outcome Measure(s): Psychometric scale (SCL-90), DHEAS,
     P, allopregnanolone (AP), and allotetrahydrodeoxy-corticosterone (THDOC).
     Result(s): SCL-90 and DHEAS did not vary throughout the menstrual
     cycle.  P, AP, and THDOC values were higher during the LP than the FP.  At
     the third cycle, in the control group the main outcome measures were
     similar to those at LP.  In the OC group, the SCL-90 global score, the
     intensity of anxiety and phobic anxiety, the levels of
     anxiolytic steroids (P, AP, THDOC) and the anxiety-inducing
     steroid DHEAS were reduced.  Conclusion(s): The results suggest beneficial
     effects of DRSP + EE on psychol. symptoms by decreasing DHEAS.

L20  ANSWER 2 OF 9  HCAPLUS  COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER:        2005:7978  HCAPLUS
TITLE:                   A comparative study of monophasic oral contraceptives
                         containing either drospirenone 3 mg or
                         levonorgestrel 150 μg on  premenstrual
                         symptoms
AUTHOR(S):               Sangthawan, Malinee; Taneepanichskul, Surasak
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CORPORATE SOURCE: Faculty of Medicine, Reproductive Medicine Unit, Department of Obstetrics and Gynecology, King Chulalongkorn Memorial Hospital, Chulalongkorn University, Bangkok, 10330, Thailand
SOURCE: Contraception (2005), 71(1), 1-7
CODEN: CCPTAY; ISSN: 0010-7824
PUBLISHER: Elsevier Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB This open-label randomized study compared the effects of two combined oral contraceptives (OCs) containing 3 mg **drospirenone** (DRSP)/30 μg ethinyl **estradiol** (EE) with 150 μg levonorgestrel (LNG)/30 μg EE on the prevalence and changes from baseline of **premenstrual** symptoms after six cycles. The symptoms were measured using the Women's Health Assessment Questionnaire. Subjects receiving DRSP/EE had fewer prevalence of **premenstrual** symptoms than those receiving LNG/EE after six cycles. A significantly lower score of neg. affect category in the **premenstrual** phase was demonstrated in those receiving DRSP/EE more than LNG/EE. The DRSP/EE group showed a greater improvement of mean scores from baseline in the **premenstrual** phase compared with those who received LNG/EE on neg. affect as seen in the items on **anxiety**, irritability, feeling sad or blue and weight gain in the category of water retention. In conclusion, OCs containing DRSP have beneficial effects in reducing the prevalence of **premenstrual** symptoms especially the symptoms of neg. affect and weight gain, particularly when compared to LNG/EE. Hence, it should be recommended for women who are susceptible to these adverse symptoms.

L20 ANSWER 3 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2004:1123447 HCAPLUS
DOCUMENT NUMBER: 142:86832
TITLE: **Estradiol** and **drospirenone** for climacteric symptoms in postmenopausal women: A double-blind, randomized, placebo-controlled study of the safety and efficacy of three dose regimens
AUTHOR(S): Schuermann, R.; Holler, T.; Benda, N.
CORPORATE SOURCE: Schering AG, Berlin, Germany
SOURCE: Climacteric (2004), 7(2), 189-196
CODEN: CLIMFC; ISSN: 1369-7137
PUBLISHER: Taylor & Francis Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB A randomized, placebo-controlled trial was conducted to evaluate the safety and efficacy of **drospirenone** (1, 2 or 3 mg) combined with **estradiol** (1 mg) in the treatment of climacteric symptoms in healthy postmenopausal women. The frequency of hot flushes was significantly decreased in all treatment groups (range 86-90%) in comparison to placebo (45%) and remained suppressed at 16 wk. Treatment with **drospirenone** and **estradiol** also decreased the intensity and severity of sweating, sleep problems, **depression**, nervousness, and urogenital symptoms. Most adverse events were mild or moderate, with similar rates observed in all groups. No serious adverse events or clin. significant laboratory abnormalities attributed to treatment occurred. These results demonstrate that the combinations of 1, 2, and 3 mg **drospirenone** with 1 mg **estradiol** are safe and effective for the treatment of climacteric symptoms.

REFERENCE COUNT: 12 THERE ARE 12 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L20 ANSWER 4 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2004:794542 HCAPLUS
DOCUMENT NUMBER: 141:289431
TITLE: Pharmaceutical compositions and kits comprising 17-beta-**estradiol** and a progestogen for the treatment of estrogen-sensitive gynecological disorders
INVENTOR(S): Coelingh Bennink, Herman Jan Tijmen; Visser, Monique
PATENT ASSIGNEE(S): Pantarhei Bioscience B.V., Neth.
SOURCE: Eur. Pat. Appl., 13 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 1462106	A1	20040929	EP 2003-75904	20030328
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
PRIORITY APPLN. INFO.:			EP 2003-75904	20030328

AB The present invention is concerned with a method of treating or preventing an estrogen sensitive gynecol. disorder in a female mammal, said method comprising administering to the female a combination of estrogen and progestogen continuously for at least 3 mo, wherein the estrogen is selected from the group consisting of 17β- **estradiol**, precursors of 17β- **estradiol** and combinations thereof, said estrogen being administered in an amount equivalent to a daily oral dosage of 2.2-5 mg 17β- **estradiol** and said progestogen being administered in an amount equivalent to a daily oral dose of 5-50 mg dydrogesterone. Another aspect of the invention relates to a kit comprising a plurality of oral dosage units, said plurality of daily hormone units containing an estrogen in an amount equivalent to 2.2-5 mg 17β- **estradiol** and a progestogen in an amount equivalent to 5-50 mg dydrogesterone, wherein the estrogen is selected from the group consisting of 17β- **estradiol**, precursors of 17β- **estradiol** and combinations thereof.

L20 ANSWER 5 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2003:338374 HCAPLUS
DOCUMENT NUMBER: 139:79293
TITLE: Effect of an oral contraceptive containing **drospirenone** and **ethinylestradiol** on general well-being and fluid-related symptoms
AUTHOR(S): Apter, D.; Borsos, A.; Baumgartner, W.; Melis, G.-B.; Vexiau-Robert, D.; Colligs-Hakert, A.; Palmer, M.; Kelly, S.
CORPORATE SOURCE: The Family Federation of Finland, Helsinki, 00101, Finland
SOURCE: European Journal of Contraception & Reproductive Health Care (2003), 8(1), 37-51
CODEN: ECRCFK; ISSN: 1362-5187
PUBLISHER: Parthenon Publishing Group Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Oral contraception is the most widely used reversible contraceptive method. Continuous research over the past decades has led to a range of highly reliable, effective and safe oral contraceptives. Newly developed progestogens may also provide addnl. non-contraceptive health-related

benefits that differentiate the products from each other. Women desiring contraception may thus choose from a wide range of oral contraceptives according to their individual needs. A variety of phys. and **emotional** changes have been linked to hormonal fluctuations during the **menstrual** cycle. To date, only very few studies have been performed on the impact of fluid retention-related symptoms on well-being and few data are hence available on suggested methods of measurement. This open, multicenter, uncontrolled study evaluated the effects of a combined preparation containing 3 mg **drospirenone** and 30 μg **ethinylestradiol** (Yasmin, Schering AG, Berlin, Germany) on general well-being and fluid-related symptoms in women experiencing psychol., behavioral and somatic **premenstrual** symptoms. The study was conducted over six 28-day cycles, with 336 subjects enrolled. A significant beneficial effect on psychol. general well-being, as measured by the Psychol. General Well-Being Index (PGWBI), was evident by cycle 3 and maintained at cycle 6. There was a significant reduction in both the incidence and severity of somatic symptoms associated with the **menstrual** cycle (abdominal bloating and breast tension) during treatment. Assessment by the investigator showed that 80% of subjects had improved on study treatment and 75% of subjects considered themselves satisfied with the study treatment. There was good agreement between the clinician and subject in their assessment of the treatment. Cycle control was very good and body weight remained stable or decreased slightly during the study. In conclusion, 3 mg **drospirenone** in combination with 30 μg **ethinylestradiol** has been shown to have a beneficial effect on psychol. general well-being, as measured by the PGWBI. Redns. in the incidence and severity of somatic symptoms associated with the **menstrual** cycle were also observed, suggesting a beneficial effect due to the antimineralocorticoid nature of **drospirenone.** To our knowledge, this is the first study on oral contraceptives which has used the PGWBI in this population. As quality of life is one of the least explored segments in oral contraceptive users, more studies should investigate the impact of oral contraceptives on quality of life and general well-being in this overall healthy population.

REFERENCE COUNT: 36 THERE ARE 36 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L20 ANSWER 6 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2003:293197 HCAPLUS
DOCUMENT NUMBER: 139:30997
TITLE: Evaluation of a unique oral contraceptive (Yasmin) in the management of **premenstrual dysphoric** disorder
AUTHOR(S): Freeman, E. W.
CORPORATE SOURCE: Departments of Obstetrics/Gynecology and Psychiatry, University of Pennsylvania, Philadelphia, PA, USA
SOURCE: European Journal of Contraception & Reproductive Health Care (2002), 7(Suppl. 3), 27-34
CODEN: ECRCFK; ISSN: 1362-5187
PUBLISHER: Parthenon Publishing Group Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Over three-quarters of women experience some phys. and **emotional** changes associated with the **menstrual** cycle. Irritability, tension, fatigue, **depression**, breast tenderness and bloating are among the most common **premenstrual** symptoms. Approx. 5-10% of women of childbearing age experience **premenstrual** symptoms to a degree that disrupts their functioning in the home or workplace and that meet criteria for **premenstrual dysphoric** disorder (PMDD). Serotonergic **antidepressants** are clearly effective for

PMDD, with about 60% of subjects responding to this treatment in controlled studies. Oral contraceptives are commonly used to treat **premenstrual** symptoms but are an understudied intervention with no information on their efficacy for PMDD. The recent introduction of an oral contraceptive (Yasmin, Schering AG, Berlin, Germany), containing low-dose **ethinylestradiol** (EE) combined with a new progestogen, **drospirenone** (DRSP), may offer clin. efficacy for PMDD as a result of the unique pharmacol. profile of this progestogen, which is a spirolactone derivative with anti mineralocorticoid and antiandrogenic activity. A randomized, placebo-controlled study of DRSP/EE in women with PMDD found a consistently greater reduction of symptoms from baseline for all 22 **premenstrual** symptoms assessed (using the Calendar of **Premenstrual** Experiences, COPE) and for the four statistically derived symptom factors in the group taking DRSP/EE compared to the placebo group. For appetite, acne and food craving (factor 3), the difference between the DRSP/EE group and the placebo group was statistically significant ($p = 0.027$). These preliminary results suggest the beneficial effect of DRSP/EE on PMDD and offer an alternative class of medication that also provides the range of benefits of oral contraception for women with PMDD.

REFERENCE COUNT: 36 THERE ARE 36 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L20 ANSWER 7 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2002:138754 HCAPLUS
DOCUMENT NUMBER: 136:304199
TITLE: A new monophasic oral contraceptive containing **drospirenone**: Effect on **premenstrual** symptoms
AUTHOR(S): Brown, Candace; Ling, Frank; Wan, Jim
CORPORATE SOURCE: Departments of Pharmacy Practice, Obstetrics and Gynecology, University of Tennessee Health Science Center, Memphis, TN, 38002, USA
SOURCE: Journal of Reproductive Medicine (2002), 47(1), 14-22
CODEN: JRPMAP; ISSN: 0024-7758
PUBLISHER: Science Printers and Publishers, Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The aim of this study was to determine whether a new monophasic oral contraceptive containing **drospirenone**/ethinyl **estradiol** reduces **premenstrual** symptoms. In an open-label study measuring intrasubject changes in **premenstrual** symptoms and comparing effects between women who were new users of oral contraceptives and those who switched from previous contraceptives, ethinyl **estradiol** (30 μg) and **drospirenone** (3 mg) were administered for 13 **menstrual** cycles to 326 healthy women aged 18-35 yr. Subjects completed the 23-item Women's Health Assessment Questionnaire at baseline and at the end of the sixth cycle. At the end of cycle 6, **premenstrual** and **menstrual** symptom scores on the neg. affect and water retention scales were reduced significantly relative to baseline, as was increased appetite during the **premenstrual** and **menstrual** phases. Similar improvements were seen among new users of hormonal contraceptives and those who switched from previous contraceptives. Impaired concentration scale scores were not significantly reduced from baseline, and assessments of undesired hair changes and feelings of well-being did not change appreciably. An oral contraceptive containing **drospirenone**/ethinyl **estradiol** may reduce the **premenstrual** symptoms of neg. affect, water retention and increased appetite.

REFERENCE COUNT: 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS

L20 ANSWER 8 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1998:430231 HCAPLUS
DOCUMENT NUMBER: 129:77031
TITLE: Therapeutic **gestagens** for **premenstrual dysphoric** disorder
INVENTOR(S): Nashed, Norman
PATENT ASSIGNEE(S): Schering A.-G., Germany
SOURCE: Ger. Offen., 4 pp.
CODEN: GWXXBX
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
DE 19654609	A1	19980625	DE 1996-19654609	19961220
WO 9827929	A2	19980702	WO 1997-DE3032	19971222
WO 9827929	A3	19981105		
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DK, EE, ES, FI, GB, GE, GH, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
AU 9859810	A1	19980717	AU 1998-59810	19971222
PRIORITY APPLN. INFO.:			DE 1996-19654609 A	19961220
			WO 1997-DE3032 W	19971222

AB **Gestagens** such as **drospirenone**, cyproterone acetate, and dienogest (optionally in combination with natural or synthetic estrogens such as **estradiol** or **ethynylestradiol**) are useful in preparation of medications for treatment of **premenstrual dysphoric** disorder, possibly owing to their antiandrogenic action. Thus, women with **premenstrual dysphoric** disorder, treated daily with 3 mg **drospirenone** and 30 μg **ethynylestradiol** orally on days 1-21 of the **menstrual** cycle for 4-6 cycles, showed a lessening of symptoms related to mood, appetite, sleep, etc.

L20 ANSWER 9 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1984:17875 HCAPLUS
DOCUMENT NUMBER: 100:17875
TITLE: Reduced plasminogen activator content of the endometrium in oral contraceptive users
AUTHOR(S): Casslen, Bertil; Aastedt, Birger
CORPORATE SOURCE: Dep. Obstet. Gynecol., Univ. Lund, Malmo, S-214 01, Swed.
SOURCE: Contraception (1983), 28(2), 181-8
CODEN: CCPTAY; ISSN: 0010-7824
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Human endometrium contained 2 different plasminogen activators, urokinase [9039-53-6] and tissue activator. Urokinase was released in higher amts. from endometrial tissue explants obtained in the midcycle phase than from those obtained in the luteal phase. Plasminogen activator activity of the culture medium followed the same pattern. Treatment of postmenopausal

patients with **ethynylestradiol** [57-63-6] resulted in liberation of urokinase and tissue activator from endometrial explants in concns. similar to those found in the normal midcycle phase. In contrast, treatment with oral contraceptives (OCs) containing **ethynylestradiol** and a **progestagen**, decreased the release of both activators, even lower than was found during the normal luteal phase. Also, the amts. of extractable urokinase from endometrial tissue samples were lower in OC users than in nonusers. **Estradiol** [**50-28-2**] had a stimulatory effect on the release of plasminogen activators from the endometrium, whereas **gestagens depressed** the content and release of activators. The low content of plasminogen activators in the endometrium explains the reduced **menstrual** bleedings found in OC users.

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=> d que stat l23
L15             1 SEA FILE=REGISTRY ABB=ON  DROSPIRENONE/CN
L16             2 SEA FILE=REGISTRY ABB=ON  (ESTROGEN SULFAURATE OR ESTRADIOL OR
                  ESTRADIOL VALERATE)/CN
L17           874 SEA FILE=HCAPLUS ABB=ON  ?MENSTR? AND (?DYSPHOR? OR ?EMOTION?
                  OR ?DEPRESS? OR ?ANXIET?)
L18          2302 SEA FILE=HCAPLUS ABB=ON  L15 OR ?DROSPIRENONE? OR ?GESTAGEN?
L19         79421 SEA FILE=HCAPLUS ABB=ON  L16 OR ?ESTROGEN?(W)?SULFAMATE? OR
                  ?ESTRADIOL? OR ?ESTRADIOL?(W)?VALERATE?
L20             9 SEA FILE=HCAPLUS ABB=ON  L17 AND L18 AND L19
L21           123 SEA L20
L22           114 DUP REMOV L21 (9 DUPLICATES REMOVED)
L23            28 SEA L22 AND ?DROSPIRENON?

=> d ibib abs l23 1-28

L23  ANSWER 1 OF 28     MEDLINE on STN
ACCESSION NUMBER:   2005013655     IN-PROCESS
DOCUMENT NUMBER:    PubMed ID: 15639064
TITLE:              A comparative study of monophasic oral contraceptives
                    containing either drospirenone 3 mg or
                    levonorgestrel 150 microg on premenstrual
                    symptoms.
AUTHOR:             Sangthawan Malinee; Taneepanichskul Surasak
CORPORATE SOURCE:   Faculty of Medicine, Reproductive Medicine Unit, Department
                    of Obstetrics and Gynecology, King Chulalongkorn Memorial
                    Hospital, Chulalongkorn University, Bangkok 10330,
                    Thailand.. msangthawan@hotmail.com
SOURCE:             Contraception, (2005 Jan) 71 (1) 1-7.
                    Journal code: 0234361. ISSN: 0010-7824.
PUB. COUNTRY:       United States
DOCUMENT TYPE:      Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:           English
FILE SEGMENT:       NONMEDLINE; IN-PROCESS; NONINDEXED; Priority Journals
ENTRY DATE:         Entered STN: 20050111
                    Last Updated on STN: 20050303
AB   This open-label randomized study compared the effects of two combined oral
     contraceptives (OCs) containing 3 mg drospirenone (DRSP)/30
     microg ethinyl estradiol (EE) with 150 microg levonorgestrel
     (LNG)/30 microg EE on the prevalence and changes from baseline of
     premenstrual symptoms after six cycles. The symptoms were
     measured using the Women's Health Assessment Questionnaire. Subjects
     receiving DRSP/EE had fewer prevalence of premenstrual symptoms
     than those receiving LNG/EE after six cycles. A significantly lower score
     of negative affect category in the premenstrual phase was
     demonstrated in those receiving DRSP/EE more than LNG/EE. The DRSP/EE
     group showed a greater improvement of mean scores from baseline in the
     premenstrual phase compared with those who received LNG/EE on
     negative affect as seen in the items on anxiety, irritability,
     feeling sad or blue and weight gain in the category of water retention.
     In conclusion, OCs containing DRSP have beneficial effects in reducing the
     prevalence of premenstrual symptoms especially the symptoms of
     negative affect and weight gain, particularly when compared to LNG/EE.
     Hence, it should be recommended for women who are susceptible to these
     adverse symptoms.

L23  ANSWER 2 OF 28     MEDLINE on STN
ACCESSION NUMBER:   2004143576     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 15037415
TITLE:              Psychological effect of the oral contraceptive formulation
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containing 3 mg of **drospirenone** plus 30 microg of ethinyl **estradiol**.

AUTHOR: Paoletti Anna Maria; Lello Stefano; Fratta Stefania; Orru Marisa; Ranuzzi Francesca; Sogliano Cristiana; Concas Alessandra; Biggio Giovanni; Melis Gian Benedetto

CORPORATE SOURCE: Department of Obstetrics and Gynecology, University of Cagliari, Cagliari, Italy.. paoletti@freemail.it

SOURCE: Fertility and sterility, (2004 Mar) 81 (3) 645-51. Journal code: 0372772. ISSN: 0015-0282.

PUB. COUNTRY: United States

DOCUMENT TYPE: (CLINICAL TRIAL)
(CONTROLLED CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200404

ENTRY DATE: Entered STN: 20040324
Last Updated on STN: 20040429
Entered Medline: 20040428

AB OBJECTIVE: To investigate in healthy eumenorrheic young women whether an oral contraceptive (OC) containing **drospirenone** (DRSP) (3 mg) + ethinyl **estradiol** (EE) (30 microg) (DRSP + EE) could modify psychological symptoms and whether it could modify steroids interfering with the gamma-aminobutyric acid (GABA)-A receptors. DESIGN: Clinical study of treated subjects and nontreated controls. SETTING: Healthy volunteers in the Department of Obstetrics and Gynecology at Cagliari University. PATIENT(S): Control group (n = 12) and OC group (n = 10) women with similar age, body mass index, and main outcome measures. INTERVENTION(S): The control group was studied during the first **menstrual** cycle at the follicular phase (FP) and at the luteal phase (LP) and during the third cycle at the LP; the OC group was studied during the first cycle, as described above, and on day 16-18 of the third cycle of treatment with DRSP + EE. MAIN OUTCOME MEASURE(S): Psychometric scale (SCL-90), DHEAS, P, allopregnanolone (AP), and allotetrahydrodeoxy-corticosterone (THDOC). RESULT(S): SCL-90 and DHEAS did not vary throughout the **menstrual** cycle. P, AP, and THDOC values were higher during the LP than the FP. At the third cycle, in the control group the main outcome measures were similar to those at LP. In the OC group, the SCL-90 global score, the intensity of **anxiety** and phobic **anxiety**, the levels of anxiolytic steroids (P, AP, THDOC) and the **anxiety**-inducing steroid DHEAS were reduced. CONCLUSION(S): The results suggest beneficial effects of DRSP + EE on psychological symptoms by decreasing DHEAS.

L23 ANSWER 3 OF 28 MEDLINE on STN

ACCESSION NUMBER: 2003361187 MEDLINE

DOCUMENT NUMBER: PubMed ID: 12892989

TITLE: A review of treatment of **premenstrual** syndrome and **premenstrual dysphoric** disorder.

AUTHOR: Rapkin Andrea

CORPORATE SOURCE: UCLA School of Medicine, Department of Obstetrics and Gynecology, Center for the Health Sciences, Los Angeles, CA 90095-1740, USA.. arapkin@mednet.ucla.edu

SOURCE: Psychoneuroendocrinology, (2003 Aug) 28 Suppl 3 39-53. Ref: 66
Journal code: 7612148. ISSN: 0306-4530.

PUB. COUNTRY: England: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200312
ENTRY DATE: Entered STN: 20030802
Last Updated on STN: 20031220
Entered Medline: 20031219

AB Severe **premenstrual** syndrome (PMS) and, more recently, **premenstrual dysphoric** disorder (PMDD) have been studied extensively over the last 20 years. The defining criteria for diagnosis of the disorders according to the American College of Obstetricians and Gynecologists (ACOG) include at least one moderate to severe mood symptom and one physical symptom for the diagnosis of PMS and by DSM IV criteria a total of 5 symptoms with 1 severe mood symptom for the diagnosis of PMDD. There must be functional impairment attributed to the symptoms. The symptoms must be present for one to two weeks **premenstrually** with relief by day 4 of menses and should be documented prospectively for at least two cycles using a daily rating form. Nonpharmacologic management with some evidence for efficacy include cognitive behavioral relaxation therapy, aerobic exercise, as well as calcium, magnesium, vitamin B(6) L-tryptophan supplementation or a complex carbohydrate drink. Pharmacologic management with at least ten randomized controlled trials to support efficacy include selective serotonin reuptake inhibitors administered daily or **premenstrually** and serotonergic tricyclic **antidepressants.** Anxiolytics and potassium sparing diuretics have demonstrated mixed results in the literature. Hormonal therapy is geared towards producing anovulation. There is good clinical evidence for GnRH analogs with addback hormonal therapy, danocrine, and **estradiol** implants or patches with progestin to protect the endometrium. Oral contraceptive pills prevent ovulation and should be effective for the treatment of PMS/PMDD. However, limited evidence does not support efficacy for oral contraceptive agents containing progestins derived from 19-nortestosterone. The combination of the estrogen and progestin may produce symptoms similar to PMS, such as water retention and irritability. There is preliminary evidence that a new oral contraceptive pill containing low-dose estrogen and the progestin **drospirenone**, a spironolactone analog, instead of a 19-nortestosterone derivative can reduce symptoms of water retention and other side effects related to estrogen excess. The studies are in progress, however, preliminary evidence suggests that the **drospirenone**-containing pill called Yasmin may be effective the treatment of PMDD.

L23 ANSWER 4 OF 28 MEDLINE on STN
ACCESSION NUMBER: 2003207676 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12725674
TITLE: Effect of an oral contraceptive containing **drospirenone** and **ethinylestradiol** on general well-being and fluid-related symptoms.
AUTHOR: Apter D; Borsos A; Baumgartner W; Melis G-B; Vexiau-Robert D; Colligs-Hakert A; Palmer M; Kelly S
CORPORATE SOURCE: The Family Federation of Finland, Helsinki, Finland.
SOURCE: European journal of contraception & reproductive health care : official journal of the European Society of Contraception, (2003 Mar) 8 (1) 37-51.
Journal code: 9712127. ISSN: 1362-5187.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE) (MULTICENTER STUDY)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200307

ENTRY DATE: Entered STN: 20030506
Last Updated on STN: 20030702
Entered Medline: 20030701

AB Oral contraception is the most widely used reversible contraceptive method. Continuous research over the past decades has led to a range of highly reliable, effective and safe oral contraceptives. Newly developed progestogens may also provide additional non-contraceptive health-related benefits that differentiate the products from each other. Women desiring contraception may thus choose from a wide range of oral contraceptives according to their individual needs. A variety of physical and **emotional** changes have been linked to hormonal fluctuations during the **menstrual** cycle. To date, only very few studies have been performed on the impact of fluid retention-related symptoms on well-being and few data are hence available on suggested methods of measurement. This open, multicenter, uncontrolled study evaluated the effects of a combined preparation containing 3 mg **drospirenone** and 30 microg **ethinylestradiol** (Yasmin, Schering AG, Berlin, Germany) on general well-being and fluid-related symptoms in women experiencing psychological, behavioral and somatic **premenstrual** symptoms. The study was conducted over six 28-day cycles, with 336 subjects enrolled. A significant beneficial effect on psychological general well-being, as measured by the Psychological General Well-Being Index (PGWBI), was evident by cycle 3 and maintained at cycle 6. There was a significant reduction in both the incidence and severity of somatic symptoms associated with the **menstrual** cycle (abdominal bloating and breast tension) during treatment. Assessment by the investigator showed that 80% of subjects had improved on study treatment and 75% of subjects considered themselves satisfied with the study treatment. There was good agreement between the clinician and subject in their assessment of the treatment. Cycle control was very good and body weight remained stable or decreased slightly during the study. In conclusion, 3 mg **drospirenone** in combination with 30 microg **ethinylestradiol** has been shown to have a beneficial effect on psychological general well-being, as measured by the PGWBI. Reductions in the incidence and severity of somatic symptoms associated with the **menstrual** cycle were also observed, suggesting a beneficial effect due to the antimineralocorticoid nature of **drospirenone.** To our knowledge, this is the first study on oral contraceptives which has used the PGWBI in this population. As quality of life is one of the least explored segments in oral contraceptive users, more studies should investigate the impact of oral contraceptives on quality of life and general well-being in this overall healthy population.

L23 ANSWER 5 OF 28 MEDLINE on STN
ACCESSION NUMBER: 2003143848 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12659404
TITLE: Evaluation of a unique oral contraceptive (Yasmin) in the management of **premenstrual dysphoric** disorder.
AUTHOR: Freeman E W
CORPORATE SOURCE: Department of Obstetrics/Gynecology, University of Pennsylvania, Philadelphia, Pennsylvania, USA.
SOURCE: European journal of contraception & reproductive health care : official journal of the European Society of Contraception, (2002 Dec) 7 Suppl 3 27-34; discussion 42-3. Journal code: 9712127. ISSN: 1362-5187.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)
(EVALUATION STUDIES)
Journal; Article; (JOURNAL ARTICLE)

(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200305
ENTRY DATE: Entered STN: 20030328
Last Updated on STN: 20030522
Entered Medline: 20030521

AB Over three-quarters of women experience some physical and **emotional** changes associated with the **menstrual** cycle. Irritability, tension, fatigue, **depression**, breast tenderness and bloating are among the most common **premenstrual** symptoms. Approximately 5-10% of women of childbearing age experience **premenstrual** symptoms to a degree that disrupts their functioning in the home or workplace and that meet criteria for **premenstrual dysphoric** disorder (PMDD). Serotonergic **antidepressants** are clearly effective for PMDD, with about 60% of subjects responding to this treatment in controlled studies. Oral contraceptives are commonly used to treat **premenstrual** symptoms but are an understudied intervention with no information on their efficacy for PMDD). The recent introduction of an oral contraceptive (Yasmin, Schering AG, Berlin, Germany), containing low-dose **ethinylestradiol** (EE) combined with a new progestogen, **drospirenone** (DRSP), may offer clinical efficacy for PMDD as a result of the unique pharmacological profile of this progestogen, which is a spirolactone derivative with antimineralocorticoid and antiandrogenic activity. A randomized, placebo-controlled study of DRSP/EE in women with PMDD found a consistently greater reduction of symptoms-from baseline for all 22 **premenstrual** symptoms assessed (using the Calendar of **Premenstrual** Experiences, COPE) and for the four statistically derived symptom factors in the group taking DRSP/EE compared to the placebo group. For appetite, acne and food craving (factor 3), the difference between the DRSP/EE group and the placebo group was statistically significant ($p = 0.027$). These preliminary results suggest the beneficial effect of DRSP/EE on PMDD and offer an alternative class of medication that also provides the range of benefits of oral contraception for women with PMDD.

L23 ANSWER 6 OF 28 MEDLINE on STN
ACCESSION NUMBER: 2001510617 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11559453
TITLE: Evaluation of a unique oral contraceptive in the treatment of **premenstrual dysphoric** disorder.
COMMENT: Comment in: J Womens Health Gend Based Med. 2002 Mar;11(2):95-6. PubMed ID: 11975855
AUTHOR: Freeman E W; Kroll R; Rapkin A; Pearlstein T; Brown C; Parsey K; Zhang P; Patel H; Foegh M
CORPORATE SOURCE: Department of Obstetrics/Gynecology, University of Pennsylvania, Philadelphia, PA, USA. (PMS/PMDD Research Group).
SOURCE: Journal of women's health & gender-based medicine, (2001 Jul-Aug) 10 (6) 561-9.
Journal code: 100888719. ISSN: 1524-6094.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals

ENTRY MONTH: 200111
ENTRY DATE: Entered STN: 20010918
Last Updated on STN: 20020515
Entered Medline: 20011101

AB **Premenstrual dysphoric** disorder (PMDD) is a severe form of **premenstrual** syndrome (PMS). This is the first trial of a unique oral contraceptive containing a combination of **drospirenone** (DRSP, 3 mg) and ethinyl **estradiol** (EE, 30 microg) for the treatment of PMDD. DRSP is a spironolactone-like progestin with antiandrogenic and antimineralocorticoid activity. Spironolactone has been shown to be beneficial in PMS, whereas oral contraceptives have shown conflicting results. In this double-blind, placebo-controlled trial, 82 women with PMDD (Diagnostic and Statistical Manual of Mental Disorders, 4th ed. [DSM IV]) were randomized to receive DRSP/EE or placebo for three treatment cycles. The primary end point was change from baseline in luteal phase symptom scores as assessed on the Calendar of **Premenstrual** Experiences (COPE) scale. Patients treated with DRSP/EE showed a numerically greater change from baseline compared with those treated with placebo on each of the 22 COPE items and each of the 4 symptom factors. Between-group differences in symptom improvement reached statistical significance in factor 3 only (appetite, acne, and food cravings, p = 0.027). The secondary end points, Beck **Depression** Inventory (BDI) and Profile of Mood States (PMS), were consistent with the primary end point in that patients treated with the oral contraceptive showed a numerically greater improvement from baseline compared with those treated with placebo. The results of this study show a consistent trend in the reduction of symptoms that suggested a beneficial effect of DRSP/EE for the treatment of PMDD, despite limitations of the study design.

L23 ANSWER 7 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2005013025 EMBASE
TITLE: Hormonal and nonpharmacologic treatments for **premenstrual** syndrome and **premenstrual dysphoric** disorder.
AUTHOR: Pearlstein T.B.
CORPORATE SOURCE: Dr. T.B. Pearlstein, Women and Infants Hospital, 101 Dudley St, Providence, RI 02905, United States. Teri_Pearlstein@brown.edu
SOURCE: Primary Psychiatry, (2004) 11/12 (48-52).
Refs: 75
ISSN: 1082-6319 CODEN: PPRSC5
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 010 Obstetrics and Gynecology
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB **Antidepressant** medications are considered the first-line treatment for **premenstrual dysphoric** disorder; however, other treatment options exist. Hormonal treatments that induce anovulation, such as gonadotropin-releasing hormone agonists, have demonstrated evidence-based efficacy. It is not clear whether or not administering estrogen and progesterone for the induced hypoestrogenic state decreases the efficacy of these treatments. The current literature on the efficacy of oral contraceptives is also mixed at this point. There

is promising evidence for calcium, Vitex agnus castus, and cognitive-behavioral therapy. Several preliminary reports with lifestyle modifications, dietary supplements, and complementary/alternative therapies deserve further study.

L23 ANSWER 8 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2004534840 EMBASE
TITLE: [Dermatologic approach of hirsutism]. ENFOQUE DERMATOLOGICO DEL HIRSUTISMO.
AUTHOR: Martinez-Menchon T.; Sanchez Carazo J.L.; Mahiques Santos L.; Fortea Baixauli J.M.
CORPORATE SOURCE: Dr. T. Martinez-Menchon, Servicio de Dermatologia, Hospital General Universitario, Avda. Tres Cruces s/n, 46014 Valencia, Spain. teresammenchon@aedv.es
SOURCE: Revista Iberoamericana de Fertilidad y Reproduccion Humana, (2004) 21/4 (273-283).
Refs: 29
ISSN: 1132-0249 CODEN: RIFRBG
COUNTRY: Spain
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 003 Endocrinology
010 Obstetrics and Gynecology
013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
052 Toxicology
LANGUAGE: Spanish
SUMMARY LANGUAGE: Spanish; English

AB Hirsutism is the presence of terminal hairs in females in a male-pattern. It is affects between 5% and 15% of women and can lead to major psychological and social distress. Patient's complaint is usually cosmetic in nature, but hirsutism can sometimes signal a serious endocrine underlying disorder. Detailed medical history and physical examination can led to the cause of hirsutism. Treatment should be undertaken using combination therapy, to possibly include: hormonal suppression (oral contraceptives, long-acting gonadotropin-releasing hormone analogues), peripheral androgen blockeade (spironolactone, flutamide, cyproterone acetato or finasteride) and cosmetic destruction of the unwanted hairs.

L23 ANSWER 9 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2004498155 EMBASE
TITLE: **Drospirenone.**
AUTHOR: Mealy N.E.; Bayes M.
CORPORATE SOURCE: N.E. Mealy, Prous Science, P.O. Box 540, 08080 Barcelona, Spain
SOURCE: Drugs of the Future, (2004) 29/9 (940).
ISSN: 0377-8282 CODEN: DRFUD4
COUNTRY: Spain
DOCUMENT TYPE: Journal; Note
FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index
LANGUAGE: English

L23 ANSWER 10 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2004379880 EMBASE
TITLE: Insulin sensitivity and **premenstrual** syndrome.
AUTHOR: Trout K.K.; Teff K.L.

CORPORATE SOURCE: Dr. K.L. Teff, Monell Chemical Senses Center, 3500 Market Street, Philadelphia, PA 19104, United States. kteff@pobox.upenn.edu
SOURCE: Current Diabetes Reports, (2004) 4/4 (273-280). Refs: 58 ISSN: 1534-4827 CODEN: CDRUAK
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
006 Internal Medicine
010 Obstetrics and Gynecology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Maintaining normal blood glucose levels is a constant challenge for women with diabetes. Anecdotal reports reveal that many women question if **menstrual** cycle phases may affect their blood glucose levels. However, results from studies investigating the effect of the **menstrual** cycle on insulin sensitivity in diabetic women have been conflicting. One variable that may account for the conflicting results is the presence or absence of **premenstrual** syndrome (PMS), which may exacerbate **menstrual** cycle-related effects on insulin sensitivity. Treatment of PMS with serotonin reuptake inhibitors may alleviate the symptoms of PMS, as well as improve insulin sensitivity and help regulate blood glucose level. Copyright .COPYRGT. 2004 by Current Science Inc.

L23 ANSWER 11 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2004344469 EMBASE
TITLE: Treatment of acne vulgaris.
AUTHOR: Haider A.; Shaw J.C.
CORPORATE SOURCE: Dr. J.C. Shaw, University Health Network, Toronto Western Hospital, East Wing 8-517, 399 Bathurst St, Toronto, Ont. M5T 2S8, Canada. james.shaw@uhn.on.ca
SOURCE: Journal of the American Medical Association, (11 Aug 2004) 292/6 (726-735). Refs: 102 ISSN: 0098-7484 CODEN: JAMAAP
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 006 Internal Medicine
013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Context: Management of acne vulgaris by nondermatologists is increasing. Current understanding of the different presentations of acne allows for individualized treatments and improved outcomes. Objective: To review the best evidence available for individualized treatment of acne. Data Sources: Search of MEDLINE, EMBASE, and the Cochrane database to search for all English-language articles on acne treatment from 1966 to 2004. Study Selection: Well-designed randomized controlled trials, meta-analyses, and other systematic reviews are the focus of this article. Data Extraction: Acne literature is characterized by a lack of standardization with respect to outcome measures and methods used to grade disease severity. Data Synthesis: Main outcome measures of 29 randomized

double-blind trials that were evaluated included reductions in inflammatory, noninflammatory, and total acne lesion counts. Topical retinoids reduce the number of comedones and inflammatory lesions in the range of 40% to 70%. These agents are the mainstay of therapy in patients with comedones only. Other agents, including topical antimicrobials, oral antibiotics, hormonal therapy (in women), and isotretinoin all yield high response rates. Patients with mild to moderate severity inflammatory acne with papules and pustules should be treated with topical antibiotics combined with retinoids. Oral antibiotics are first-line therapy in patients with moderate to severe inflammatory acne while oral isotretinoin is indicated for severe nodular acne, treatment failures, scarring, frequent relapses, or in cases of severe psychological distress. Long-term topical or oral antibiotic therapy should be avoided when feasible to minimize occurrence of bacterial resistance. Isotretinoin is a powerful teratogen mandating strict precautions for use among women of childbearing age. Conclusions: Acne responses to treatment vary considerably. Frequently more than 1 treatment modality is used concomitantly. Best results are seen when treatments are individualized on the basis of clinical presentation.

L23 ANSWER 12 OF 28 EMBASE
on STN
ACCESSION NUMBER: 2004308827 EMBASE
TITLE: Oral contraceptive update: New agents and regimens.
AUTHOR: Sulak P.J.
SOURCE: Journal of Family Practice, (2004) 53/SUPPL. 4 (S5-S12).
Refs: 56
ISSN: 0094-3509 CODEN: JFAPDE
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

L23 ANSWER 13 OF 28 EMBASE
on STN
ACCESSION NUMBER: 2004305344 EMBASE
TITLE: **Premenstrual** syndrome and its psychiatric ramifications (multiple letters) [1].
AUTHOR: Qureshi N.A.; Rasheed P.
CORPORATE SOURCE: Dr. N.A. Qureshi, Buraidah Mental Health Hospital, P.O. Box- 2292, Buraidah, Saudi Arabia. qureshinaseem@hotmail.com
SOURCE: Annals of Saudi Medicine, (2004) 24/3 (216-217).
ISSN: 1319-9226 CODEN: ANSMEJ
COUNTRY: Saudi Arabia
DOCUMENT TYPE: Journal; Letter
FILE SEGMENT: 010 Obstetrics and Gynecology
030 Pharmacology
032 Psychiatry
037 Drug Literature Index
LANGUAGE: English

L23 ANSWER 14 OF 28 EMBASE
on STN
ACCESSION NUMBER: 2004288175 EMBASE
TITLE: Making gynecological and psychiatric sense out of **premenstrual** pains, tension and **dysphoria**
.

AUTHOR: Qureshi N.A.; Al-Habeeb T.A.
CORPORATE SOURCE: Dr. N.A. Qureshi, Buraidah Mental Health Hospital, PO Box 2292, Buraidah, Saudi Arabia. qureshinaseem@hotmail.com
SOURCE: Saudi Medical Journal, (2004) 25/6 (717-727).
Refs: 84
ISSN: 0379-5284 CODEN: SAMJDI
COUNTRY: Saudi Arabia
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
008 Neurology and Neurosurgery
010 Obstetrics and Gynecology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Objective: Millions of women worldwide suffer from a variety of gynecological and psychiatric syndromes that are specifically linked to the late luteal phase of **menstrual** cycle and hence, need proper treatment for good quality of life. The objective of this qualitative review is to examine the latest developments in the etiology, diagnosis and treatment of **premenstrual** syndrome and its connections to **premenstrual dysphoric** disorder. Methods: A selective search of MEDLINE/PubMed retrieved numerous peer-reviewed papers published in international journals for the past 10 years (the search was ended in 2003), which were screened extensively, but only the latest and most relevant articles were included in this review. Results: The 2 main **premenstrual** disorders manifesting tension, **dysphoria** and pain were etiologically attributed best to the dysregulation of central serotonergic and GABAergic systems and noxious sex steroid hormonal milieu during normal cyclical ovulation. The women with these syndromes needing proper assessment, investigations and correct diagnosis respond effectively to selective serotonin-reuptake inhibitors, gonadotrophin-releasing hormone agonists, contraceptive pill-Yasmin, cognitive-behavior therapy, life-style changes, and also placebo. Conclusion: **Premenstrual** psychiatric syndromes coupled with multiple adverse consequences are important clinical entities in a woman's reproductive life, which need timely intervention and future research especially in Arabian Gulf countries.

L23 ANSWER 15 OF 28 EMBASE on STN
ACCESSION NUMBER: 2004194784 EMBASE
TITLE: Contraceptive choices for females with congenital heart disease.
AUTHOR: Miner P.D.
CORPORATE SOURCE: P.D. Miner, Ahmanson/UCLA Adult Congenital H., UCLA Medical Center, Division of Cardiology, Los Angeles, CA 90095, United States. PMiner@mednet.ucla.edu
SOURCE: Progress in Pediatric Cardiology, (2004) 19/1 (15-24).
Refs: 43
ISSN: 1058-9813 CODEN: PPCAFF
PUBLISHER IDENT.: S 1058-9813(04)00006-2
COUNTRY: Ireland
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 010 Obstetrics and Gynecology
018 Cardiovascular Diseases and Cardiovascular Surgery
027 Biophysics, Bioengineering and Medical Instrumentation
037 Drug Literature Index

038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB The growing population of adults with congenital heart disease has resulted in the need for focused attention on female reproductive issues. Risk stratification is necessary to evaluate the safety of different contraceptive methods in these complex patients. Comprehensive patient education and counseling should begin in adolescence, focusing on the issues of **menstruation**, sexual activity, and contraception. Lines of communication should be kept open between the patient and their cardiologist or nurse specialist, so that individual contraceptive needs can be addressed on an ongoing basis. With few exceptions, modern hormonal contraception is safe for women with congenital heart disease, and carries many non-contraceptive benefits. If side effects or thromboembolic risks prohibit this form of contraception, then combined barrier methods, intrauterine devices, or sterilization can provide exceptional protection against pregnancy in properly screened patients.

L23 ANSWER 16 OF 28 EMBASE
on STN
ACCESSION NUMBER: 2004173252 EMBASE
TITLE: **Premenstrual dysphoric** disorder: A review for the treating practitioner.
AUTHOR: Kaur G.; Gonsalves L.; Thacker H.L.
CORPORATE SOURCE: G. Kaur, Department of Gen. Internal Medicine, The Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, OH 44195, United States. kaurg@ccf.org
SOURCE: Cleveland Clinic Journal of Medicine, (2004) 71/4 (303-321).
Refs: 111
ISSN: 0891-1150 CODEN: CCJMEL
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
010 Obstetrics and Gynecology
030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB **Premenstrual dysphoric** disorder (PMDD), a severe form of **Premenstrual** syndrome (PMS), is characterized by physical and behavioral symptoms that cause marked social impairment during the last half of the **menstrual** cycle. Symptoms are believed to result from the interaction of central neurotransmitters and normal **menstrual** hormonal changes. Treatment usually begins with lifestyle changes, over-the-counter medications, and if needed, selective serotonin reuptake inhibitors. Physicians should be aware of the risks of many of the alternative therapies commonly touted in the popular press.

L23 ANSWER 17 OF 28 EMBASE
on STN
ACCESSION NUMBER: 2004088441 EMBASE
TITLE: An update on oral contraceptive options.
AUTHOR: Edwards L.A.
CORPORATE SOURCE: Dr. L.A. Edwards, Blue Cross/Blue Shield of Rhode Isl., Providence, RI, United States. edwardsLA@cox.net
SOURCE: Formulary, (2004) 39/2 (104-121).

Refs: 60
ISSN: 1082-801X CODEN: FORMF
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 010 Obstetrics and Gynecology
027 Biophysics, Bioengineering and Medical Instrumentation
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The oral contraceptive marketplace has undergone evolutionary changes over the years. Early oral contraceptive formulations contained higher doses of estrogen and progestin, which were associated with several safety concerns. Consequently, scientists returned to the laboratories to develop lower-dose formulations that would minimize risk without compromising efficacy. To date, numerous formulations have entered the marketplace that allow for tailored dosing to meet a woman's clinical and individual needs. In order to provide additional treatment options and create more convenient oral contraceptive regimens, monophasic, multiphasic, extended-cycle, progestin-only, and chewable regimens have emerged. This article will review the main health risks and benefits of oral contraceptives, the concept of extended-cycle regimens, and the financial implications associated with oral contraceptive use.

L23 ANSWER 18 OF 28 EMBASE
on STN

ACCESSION NUMBER: 2003450414 EMBASE
TITLE: Therapeutic patents for the treatment of **premenstrual** syndrome and **premenstrual dysphoric** disorder: Historical perpectives and future directions.
AUTHOR: Ross L.E.; Steiner M.
CORPORATE SOURCE: Dr. M. Steiner, McMaster University, Hamilton, Ont., Canada. Mst@mcmaster.ca
SOURCE: Expert Opinion on Therapeutic Patents, (2003) 13/10 (1491-1499).
Refs: 83
ISSN: 1354-3776 CODEN: EOTPEG
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
005 General Pathology and Pathological Anatomy
010 Obstetrics and Gynecology
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Approximately 5 - 8% of women report **premenstrual** symptoms severe enough to impair daily function and are said to suffer from **premenstrual dysphoric** disorder (PMDD). Many more report milder symptoms, which, collectively, are termed **premenstrual** syndrome (PMS). Over the last 40 years, hundreds of compounds have been patented for the treatment of PMS and PMDD, including hormone-based therapies, serotonergic drugs, vitamins and minerals, and dietary supplements. Advances continue to be made, including the development of compounds with GABAergic activity and gonadotropin-releasing hormone antagonists. This historical overview will highlight key patents for the treatment of PMS/PMDD that have appeared since 1963 and thus trace the

evolving understanding of the aetiology of these disorders.

L23 ANSWER 19 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2003351746 EMBASE
TITLE: **Ethinylestradiol/drospirenone**: A review of its use as an oral contraceptive.
AUTHOR: Keam S.J.; Wagstaff A.J.
CORPORATE SOURCE: S.J. Keam, Adis International Inc., 860 Town Center Drive, Langhorne, PA 19047, United States. demail@adis.com
SOURCE: Treatments in Endocrinology, (2003) 2/1 (49-70).
Refs: 106
ISSN: 1175-6349 CODEN: TERNAN
COUNTRY: New Zealand
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
010 Obstetrics and Gynecology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB **Ethinylestradiol** 30μg/ **drospirenone** 3mg (Yasmin®, petibelle®) [EE/DRSP] is a combined contraceptive pill (CC) for the prevention of pregnancy in women of reproductive age. **Drospirenone** is a novel progestogen with antimineralocorticoid, progestogenic and antiandrogenic activity. The theoretical (0-0.07) and corrected (0.41-0.71) Pearl indices and pregnancy ratios (0.3-0.84) in young, healthy women aged 18-35 years (or 18-30 years if smokers) given 13-26 cycles of EE/DRSP in large multi-center trials indicate that this CC is highly effective in preventing pregnancy. EE/DRSP is equally as effective as **ethinylestradiol** 30μg/desogestrel 150μg (EE/DSG; corrected Pearl index 0.28-0.41) in preventing pregnancy. EE/DRSP is generally well tolerated. The frequency and type of adverse event reported in clinical trials are typical of those observed with other CCs, and comparable to those in women receiving EE/DSG. The incidence of **intermenstrual** bleeding (spotting, breakthrough bleeding or both) during treatment with EE/DRSP in young, healthy women decreased rapidly after the first cycle to 9 to 18% in the second cycle and 6% after 26 cycles, indicating good cycle control. The incidence of **intermenstrual** bleeding was similar in recipients of EE/DSG (9 and 14% in cycle 2 and 10% in cycle 26). Bodyweight was maintained ±2kg in most young women who received EE/DRSP for up to 26 cycles. Neither EE/DRSP nor EE/DSG showed clinically significant effects on blood pressure. EE/DRSP improved **premenstrual** and **menstrual** symptoms (negative affect, water retention, increased appetite) compared with baseline in a noncomparative trial. A similar improvement in skin condition (acne, seborrhea) was observed in women receiving EE/DRSP or **ethinylestradiol** 35μg/cyproterone acetate 2mg in a randomized, double-blind trial. Conclusions: Data from several 1- to 2-year studies show that EE/DRSP is an effective oral contraceptive, with Pearl index values similar to those of established low-dose CCs. This combination is well tolerated, demonstrating good cycle control and a beneficial effect on skin condition and well-being (including some **premenstrual** and **menstrual** symptoms). EE/DRSP has demonstrated similar efficacy and tolerability to EE/DSG, but long-term clinical experience is required to establish the position of EE/DRSP among other available CCs and to clarify any potential tolerability advantages. Nevertheless, because the management of tolerability is complicated by the idiosyncratic nature of the response of women to CCs containing different progestogens,

EE/DRSP appears to be a useful treatment option for Women desiring oral contraception.

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ACCESSION NUMBER: 2003343305 EMBASE
TITLE: Acne vulgaris: One treatment does not fit all.
AUTHOR: Longshore S.J.; Hollandsworth K.
CORPORATE SOURCE: Dr. S.J. Longshore, Department of Dermatology, The Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States
SOURCE: Cleveland Clinic Journal of Medicine, (1 Aug 2003) 70/8 (670-680).
Refs: 21
ISSN: 0891-1150 CODEN: CCJMEL
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 013 Dermatology and Venereology
030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: English
SUMMARY LANGUAGE: English
AB With many treatments now available for acne vulgaris, the treatment must be tailored to the type and severity of the lesions. Most mild-to-moderate cases can be treated with a benzoyl peroxide product, a topical or oral antibiotic, a topical retinoid, or a combination of these medications. Antibiotic resistance is becoming a challenge for many once-reliable topical and oral antibiotics.

L23 ANSWER 21 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2003110047 EMBASE
TITLE: Tackling **premenstrual** syndrome.
SOURCE: MeReC Bulletin, (2003) 13/3 (1-12).
Refs: 27
ISSN: 1465-5659 CODEN: MEBUFS
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
010 Obstetrics and Gynecology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB **Premenstrual** syndrome (PMS) refers to the **emotional**, behavioural and physical symptoms that regularly recur during the luteal phase (i.e second half) of the **menstrual** cycle. Women with severe PMS, who have predominantly **emotional** and behavioural symptoms, may have **premenstrual dysphoric** disorder (PMDD), which has specific diagnostic criteria. Diagnosis of PMS and PMDD should be based on clinical history and prospective charting of symptoms by the patient over two or three **menstrual** cycles. Many drug and non-drug treatments have been advocated for PMS, but few are supported by good quality, large, randomised controlled trials (RCTs). Since PMS is a chronic problem, with symptoms lasting possibly until the menopause, the side effects and cost of treatment are important, as well as efficacy.

Consensus and expert opinion suggest that support, along with lifestyle and dietary treatments, should be tried initially in mild to moderate PMS. Treatment should be stepped up according to severity and/or response. Drug therapy, as an adjunct to support, lifestyle and dietary treatment should be considered for women with symptoms that are severe (i.e. PMDD or other severe PMS symptoms) or resistant to conservative treatment. Drug choice is based on symptoms. Selective serotonin-reuptake inhibitors should be considered for women with PMDD, as RCTs have shown that they can reduce symptoms. Bromocriptine, danazol, oestrogen patches, and gonadotrophin releasing hormone analogues are usually only used by specialists for severe or resistant PMS/PMDD, because of side effects.

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ACCESSION NUMBER: 2002444870 EMBASE
TITLE: Quality of life issues: Potential role for an oral contraceptive containing ethinyl **estradiol** and **drospirenone.**
AUTHOR: Dickerson V.
CORPORATE SOURCE: Dr. V. Dickerson, Department of Obstetrics, Univ. of California Irvine Med. Ctr., Building 53, 101 The City Drive, Orange, CA 92868, United States
SOURCE: Journal of Reproductive Medicine for the Obstetrician and Gynecologist, (1 Nov 2002) 47/11 SUPPL. (985-993).
Refs: 31
ISSN: 0024-7758 CODEN: JRPMAP
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 010 Obstetrics and Gynecology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The new combined oral contraceptive containing ethinyl **estradiol** and **drospirenone** has the potential for improving a woman's quality of life. **Drospirenone**'s antiandrogenic activity, for example, makes it effective in reducing acne and seborrhea. The majority of reproductive-age women suffer from some degree of **premenstrual** symptomatology. In some cases, these monthly symptoms are severe enough to negatively impact a woman's quality of life. **Drospirenone**'s antimineralocorticoid activity aids in reducing some of the most bothersome symptoms associated with the **premenstrual** phase of the **menstrual** cycle.

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ACCESSION NUMBER: 2002444867 EMBASE
TITLE: Oral contraception: Trends over time.
AUTHOR: Yuzpe A.A.
CORPORATE SOURCE: Dr. A.A. Yuzpe, Genesis Fertility Centre, 550-555 West Twelfth Avenue, Vancouver, BC V5Z 3X7, Canada
SOURCE: Journal of Reproductive Medicine for the Obstetrician and Gynecologist, (1 Nov 2002) 47/11 SUPPL. (967-973).
Refs: 22
ISSN: 0024-7758 CODEN: JRPMAP
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 010 Obstetrics and Gynecology
016 Cancer

030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Since their introduction in 1960, oral contraceptives have undergone an evolution in content and dosage. The doses of the steroid components of combination oral contraceptives have been dramatically decreased since the first formulations. Ethinyl **estradiol** is now used as the estrogenic component of most combination oral contraceptives. The majority of progestins currently used in combination oral contraceptives are derivatives of 19-nortestosterone. However, **drospirenone**, which is combined with ethinyl **estradiol** in a new combination oral contraceptive, is a novel progestin that is derived from 17α-spirolactone and is an analogue of spironolactone. The extremely low failure rate with ideal use of combination oral contraceptives is seldom duplicated in actual usage. Women often discontinue combination oral contraceptives within the first 2 months due to side effects that would likely have decreased over time. Although there are some areas of increased health risk with combination, oral contraceptives, the benefits far outweigh the potential risks. In addition to providing effective contraception, combination oral contraceptives are sometimes used for their many noncontraceptive health benefits e.g., treatment of **menstrual** irregularities and management of **premenstrual** symptoms. The most practical solution to the problem of poor compliance appears to lie in providing adequate education and counseling to women using combination oral contraceptives so that they know how to use them properly and what side effects they might expect. Patients also need to be given the facts about potential increases in the risk of certain conditions to help correct any misperceptions.

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ACCESSION NUMBER: 2002444866 EMBASE
TITLE: Oral contraception update: Focus on a new progestin - November 2002.
SOURCE: Journal of Reproductive Medicine for the Obstetrician and Gynecologist, (1 Nov 2002) 47/11 SUPPL. (965-966).
Refs: 9
ISSN: 0024-7758 CODEN: JRPMAP
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: English

L23 ANSWER 25 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2002304803 EMBASE
TITLE: Is Yasmin a "truly different" pill?.
SOURCE: Drug and Therapeutics Bulletin, (2002) 40/8 (57-59).
Refs: 15
ISSN: 0012-6543 CODEN: DRTBAE
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
030 Pharmacology
036 Health Policy, Economics and Management

037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
AB A combined oral contraceptive (COC) containing the progestogen **drospirenone** (pronounced dro-spi-re-known) plus the oestrogen **ethinylestradiol** (Yasmin - Schering Health Care) is now available in the UK. Company advertising claims that Yasmin is "truly different", as reliable and safe as other COCs and is "the pill for well-being", with "no associated weight gain" and "a demonstrable positive effect" on **premenstrual** symptoms and skin condition. Such claims have also appeared in the lay media. Are they justified?

L23 ANSWER 26 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2002220946 EMBASE
TITLE: **Premenstrual** syndrome.
AUTHOR: Gianetto-Berruti A.; Feyles V.
CORPORATE SOURCE: V. Feyles, REI Program, LHSC University Campus, 339 Windermere Road, London, Ont. N6A 5A5, Canada. vfeyles@uwo.ca
SOURCE: Minerva Ginecologica, (2002) 54/2 (85-95).
Refs: 107
ISSN: 0026-4784 CODEN: MIGIA6
COUNTRY: Italy
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 010 Obstetrics and Gynecology
030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English; Italian
AB **Premenstrual** syndrome (PMS) affects the quality of life of millions of women. The complexity and variety of clinical presentation together with the cyclic recurrence of affective and somatic symptoms increase the difficulty in understanding and treating the disease. The precise pathophysiology of PMS is still unknown, but it is increasingly believed that, in women with PMS, the sensitive equilibrium between sex-steroids and central neurotransmitters is altered. Several studies have been carried out to understand the origin of the syndrome and to discover new ways of treatment. This review summarizes the most accepted PMS theories and treatments currently available based on the results of the best-designed trials.

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ACCESSION NUMBER: 2002166840 EMBASE
TITLE: [New oral contraceptives].
NOVETATS ANTICONCEPTIVES.
AUTHOR: Martinez F.
SOURCE: Circular Farmaceutica, (2002) 60/1 (26-34).
Refs: 31
ISSN: 0009-7314 CODEN: CIFAA3
COUNTRY: Spain
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 010 Obstetrics and Gynecology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy

LANGUAGE: Catalan

L23 ANSWER 28 OF 28 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2001315431 EMBASE
TITLE: Oral contraceptives and mood.
AUTHOR: Kahn L.S.; Halbreich U.
CORPORATE SOURCE: U. Halbreich, BioBehavioral Program, School of Medicine/Biomedical Sci., SUNY Clinical Center, 462 Grider Street, Buffalo, NY 14215, United States. urielh@acsu.buffalo.edu
SOURCE: Expert Opinion on Pharmacotherapy, (2001) 2/9 (1367-1382). Refs: 69
ISSN: 1465-6566 CODEN: EOPHF7
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
010 Obstetrics and Gynecology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The past 40 years of research on the mood and behavioural effects of combined oral contraceptives (OCs) have yielded inconclusive results due to dramatic changes in the compounds and to methodological flaws inherent in studies undertaken to assess the effects of OCs. Since the late 1960s, the dosages of oestrogen and progestin in marketed OCs significantly declined and novel progestins were developed to deliver higher levels of progestogenic activity with a lower risk of adverse oestrogenic and androgenic effects. This review evaluates controlled, comparative studies that have focused on the efficaciousness of OCs as treatment for **premenstrual** syndrome (PMS) and those examining whether OCs may cause negative mood. It is suggested that the mood and behavioural effects of OCs might be attributed to different progestin compounds and possibly, their oestrogen ratios. There is a great need for more longitudinal, randomised, placebo-controlled studies to further clarify the mood and behavioural effects of OCs.